



Student Traveler Application

Applicant Information

Full Name:			Date:	
Last		First	M.I.	
Address:				Click or tap here to enter text.
Street Address			Apartment/Unit #	
City		State	ZIP Code	
Phone:		Email		
Gender:		Age Today:		Date of Birth:
Race or Ethnicity with Which You Identify:				
Are you a citizen of the United States?		☐ YES ☐ NO	If not, are you a legal resident?	
			☐ YES ☐ NO	
Have you ever been suspended, expelled, or arrested?		YES	☐ NO	
If yes, explain:				

Education

High School:		Grade:	
City and State:		GPA:	
Extra-Curricular Activities:			

Help Us Get to Know You

Please record your responses to the following questions and submit the video of your response to us via our website at www.aglobalperspective.org. The video cannot be more than five minutes long. If you have a problem submitting your responses, you can send an email to info@aglobalperspective.org. Make sure you submit your questions and or concerns at least 24 hours before the deadline. Late submissions will not be accepted.

1) What prompted you to apply for our program?

I was referred by Pastor Zack Booker, and once I received more information about the program, I was more interested.

2) How do you think participating in our program will benefit you personally and academically?

I think that I will be able to learn everyday things from a different perspective. How people order food, greet each other, act in crowds, etc. Academically, if I were taking Spanish still, this would definitely help with that. Also learning geographical landmarks.

3) How might participating in our program help you have a more global perspective of the world?

I can see how much other people around the world have compared to me, and this can help me not to take things for granted.

References

Please list two references.

Full Name:		Relationship:	
Company:		Phone:	
Address:		Click or tap here to enter text.	
Full Name:		Relationship:	
Company:		Phone:	
Address:		Click or tap here to enter text.	

Legal Guardian's Information

Full Name:				Date:	
	Last	First	M.I.		
Address:					Click or tap here to enter text.
	Street Address				Apartment/Unit #
	City			State	ZIP Code
Phone:			Email:		

Secondary Guardian's Information

Full Name:				Date:	
	Last	First	M.I.		
Address:					Click or tap here to enter text.
	Street Address				Apartment/Unit #
	City			State	ZIP Code

Phone: _____

Email : _____

Disclaimer and Signatures

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I certify that my answers are true and complete to the best of my knowledge, and I understand the above and will comply with the requirements as presented and abide by the organization's rules and guidelines.

If this application leads to program participation, I understand that false or misleading information in my application or interview may result in my release from further participation.

Applicant's
Signature
:

Date
:

Primary Guardian's Signature :		Date :	